



## **BEST AVAILABLE COPY**

Atty Dkt No. 9000-0030.10

USSN: 09/234,733

**PATENT** 

TECH VILLE 2 2003 PED SERVED I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on JULY /5, 2003.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

JIANG et al.

Confirmation No.: 5673

Serial No.: 09/234,733

Art Unit: 1645

Filing Date: January 21, 1999

Examiner: L. Lee

Title:

CAMP FACTOR OF STREPTOCOCCUS UBERIS

## AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of January 22, 2003.

- <u>X</u> Applicants request an extension of time for three months. Enclosed is a check to cover the \$930 fee.
- X No additional fee is required.
- X Also enclosed: postcard.

| No. of Claims After<br>Amendment |    |   | Most Claims<br>Previously Paid        | Extra<br>Claims |   |   | Additional Fee |   |     |  |
|----------------------------------|----|---|---------------------------------------|-----------------|---|---|----------------|---|-----|--|
| A. Total Claims                  | 22 | 1 | 24                                    | . 11            | 2 | х | \$18           | = | \$0 |  |
| B. Ind. Claims                   | 2  | - | 3                                     | =               | 0 | х | \$84           | = | 0   |  |
|                                  |    |   | · · · · · · · · · · · · · · · · · · · |                 |   |   |                |   |     |  |

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| C. If amended to contain multiple dependent claims, add 280         | \$280 | =    | \$0 |
|---|-------|------|-----|
| D. Total Amendment Fee (Total of A, B & C)                          |       | . 11 | 0   |
| E. If small entity, 50% reduction of Total Amendment Fee (50% of D) |       | =    | 0   |
| F. Total Amendment Fee (D minus E)                                  |       | 11   | \$0 |

X A check for \$ 930 to cover the extension of time fee and extra claims fee is attached.

Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date:  $\frac{7/15/63}{}$ 

Bv:

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